

Vocational Rehabilitation Job Search Contact Sheet

WSCC Claim No: _____ Job Contacts for Period From: YY MM DD To: YY MM DD

Worker's Name: _____ Worker's Phone No: _____

Employer: _____ Address: _____
 Contact Person: _____ Phone No: _____ Fax No: _____
 Job Applied For: _____ Date: _____
 Completed Application: No _____ Yes _____ Submitted Resume: No _____ Yes _____
 Applied in Person: No _____ Yes _____ Applied by Fax or Mail: Fax _____ Mail _____
 Applied Online: No _____ Yes _____ Website Address: _____
 Comments: _____

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